

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 241-2345 To Report Adult Abuse: (800) 564-1612

For (902) 241 2250

Fax (802) 241-2358

July 20, 2011

J. Churchill Hindes, Administrator Visiting Nurse Association 1110 Prim Road Colchester, VT 05446

Provider ID #:477000

Dear Mr. Hindes:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **June 15, 2011**.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

Pamela M. Cota, RN Licensing Chief

amlaMCotaRN

Enclosure

PC:ne



PRINTED: 06/20/2011 FORM APPROVED

Division	of Licensing and Pro	RECEIVED								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		RUCTION	JUL - 5 11 (X3) DATE S		ETED	
		VT477000		B. WING			Licensing and Protection		C 5/2011	
NAME OF F	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP C	ODE				
VISITING NURSE ASSOCIATION 1110 PRIM										
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				(X5) COMPLETE DATE	
H 001 SS=A	was conducted on (Division of Licensin	n site complaint inve 06/13/11 - 06/15/11 t g and Protection. Th Designation regulato	by the ne	H 001						
H 645 SS=B	6.12(a) Organization, Services and Administration VI. Organization, Services and Administration 6.12 A home health agency shall keep a log of all complaints. The log shall include the date of the complaint, name of complainant, subject of the complaint, person assigned and the date and resolution of the complaint. (a) The home health agency shall respond to all complaints, whether received orally or in writing, within 2 business days.			H 645	 The current process of completing occurrence forms and Adult Protective Services Reporting Forms will reviewed. Person responsible: Michael Garrett, Quality & Education Manager All managers will be reminded about the importance of completing the various types of complaint and occurrence forms, so that they can be logged in a timely manner. Person responsible: 			It ing on ett, ager aded es of forms, in a consible:	6-20-11 7-26-11	
	by: Based on interview failed to assure all of investigated in a time clients (Client # 1 & 1. Per record revied document on the corperson assigned, sincomplaint for a Choper record review of #2's concern regard an employee's "coat that contained the rowas no signature or wrote out the report	and record review, to complaints were logginely manner for 2 apple #2) Findings included with a gency failed to complaint log the namulation for Care (CFC) of the complaint file for t		3.	Education N System put occurrence: be complete that involve responsible: Quality & E Establish an the regulatio responsible: Manager Qu	rrett, Quality & Manager in place so that form (green she d for all APS R our caregivers. Michael Garreducation Mana audit system to is being met. Michael Garre lality & Educat	an eet) will Reports Person ett, ger o verify Person ett, tion	7-8-11 7-8-11		

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Long Term Care Services 7-1-11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C			
	VT477000			B. WING		06/15/2011			
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, STATE, ZIP CODE					
VISITING NURSE ASSOCIATION 1110 PRIM COLCHES			M ROAD STER, VT 05446						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	(X5) COMPLETE DATE			
H 645	Continued From page 1			H 645					
	be part of the investigation but it's not an incident report". Per interview on 06/13/11 at 4:30 PM the Quality Assurance (QA)Director stated "I would expect that missing money would be filled out on the agency's occurrence form and that would be on the complaint log." S/he confirmed at that time that the missing money was not on the complaint log. 2. Per record review and interview the agency failed to document on the complaint log the name, date, person assigned, subject, and resolution of a complaint for a Choices for Care (CFC) client #1 regarding missing medication. Per interview on 06/14/11 at 10:45 AM the Site Manager stated "I made out an occurrence form and sent it to the Long Term Care Director" (LTCD), who is at another location. Per review of the records no occurrence form was found regarding client #1's missing medication report. Per interview on 06/14/11 at 2:45 PM the LTCD confirmed an occurrence form was not found in QA, complaint log nor clinical charts.								
H1410 SS=D	14.1 Clinical Records			H1410					
	XIV. Clinical Records								
	14.1 A home health agency shall maintain a clinical record containing pertinent past and current findings in accordance with accepted professional standards for every patient receiving home health services.								
	This REQUIREMENT is not met as evidenced by: Based on record review and confirmed through								
		agency failed to doc							

Division of Licensing and Protection STATE FORM

Division of Licensing and Protection (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING VT477000 06/15/2011 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1110 PRIM ROAD VISITING NURSE ASSOCIATION COLCHESTER, VT 05446 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) H1410 Continued From page 2 H1410 consistently and accurately pertinent client 6-16-11 1. The Narcotics Tracking Sheet will information with accepted professional standards be revised to make it clearer, have for 1 applicable client. (Client#1) Findings a space for two signatures, and include: only include one medication per sheet. Person Responsible: Barb 1. Per record review on 06/14/11 of Client #1's Olio, Anderson Parkway Site Narcotic tracking sheet had inconsistent Manager documentation regarding Oxycontin (pain medication). Although the client is self-directed 2. All staff will receive training on 6-17-11 for medication administration, staff must pour the the importance of completing the narcotic for the client. Per the Agency's policy for Narcotic Tracking Sheets and on Narcotics and Other Controlled Medications how to complete the revised form {#10.2.3} "staff will institute a routine narcotics properly. Person Responsible: count". The narcotic tracking sheet's information Barb Olio, Anderson Parkway Site contained the name of the drug, the number of Manager tablets taken, the number remaining, what was received from the pharmacy, any tablets taken 7-17-11 3. An audit system will be established from a reserve bottle and the signature of staff. to verify that the form is being Per review of the Narcotic Tracking Sheet from correctly completed. Person 12/16/10 through 12/29/10 staff failed to Responsible: Barb Olio, Anderson document the number of tablets remaining and Parkway Site Manager when additional narcotics were received from the pharmacy. Per interview on 06/14/11 at 10:45 the 800 angt 7.14.11 Site Manger stated that the expectation would be to fill out the narcotic sheet completely and confirmed that staff failed to consistently and accurately document the number of tablets that remained and what was received from the pharmacy.

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Home Care for Adults

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1110 Prim Road Colchester, VT

802 658-1900 802 860-6149 Fax www.vnacares.org

Private Care

05446

and Children

Long-Term Care

End-of-Life Care

Services

VISITING NURSE ASSOCIATION OF CHITTENDEN AND GRAND ISLE COUNTIES

RECEIVED Division of

JUL - 5 11

Licensing and Protection

June 30, 2010

Suzanne Leavitt, RN, MS
Licensing Chief
Division of Licensing and Protection
Department of Disabilities, Aging and Independent Living
Agency of Human Services
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306

Dear Ms. Leavitt,

Attached are our plans of correction for the Licensing and Protection compliant investigation conducted at our agency on June 15, 2011. If you have any questions or concerns, please give me a call at (802) 860-4445. Thank you.

Sincerely,

Synne Kolontson

Lynne Robertson, RN Director, Long-Term Care Program

United Way